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PATENT APPLICATION SERIAL NO. _____

U.S. DEPARTMENT OF COMMERCE
PATENT AND TRADEMARK OFFICE
FEE RECORD SHEET

08/26/2003 MBEREN1 00000027 080750 10646541

| | |
|------------|-----------|
| 01 FC:1001 | 750.00 DA |
| 02 FC:1202 | 18.00 DA |

Adjustment date: 10/03/2003 SDIRETA1
08/26/2003 MBEREN1 00000027 080750 10646541
01 FC:1001 750.00 CR
02 FC:1202 18.00 CR

10/03/2003 SDIRETA1 00000003 080750 10646541

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|------------|-----------|
| 01 FC:2001 | 375.00 DA |
| 02 FC:2202 | 9.00 DA |

PTO-1556
(5/87)



Deep and Reff Room 307
HDP/SB/21 based on PTO/SB/21 (08-00)

Please type a plus sign (+) inside this box → ☐

| | | |
|--|------------------------|---------------------------|
| TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i> | Applicati n Number | 10/646,541 |
| | Filing Date | August 21, 2003 |
| | First Named Inventor | Bernard A. Galler, et al. |
| | Group Art Unit | |
| | Examiner Name | |
| Total Number of Pages in This Submission | Attorney Docket Number | 5926-000003 |

| | | |
|---|--|---|
| ENCLOSURES (check all that apply) | | |
| <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input checked="" type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Postcard; Copy of Provisional Application For Patent Cover Sheet |
| Remarks | | The Commissioner is hereby authorized to charge any additional fees that may be required under 37 CFR 1.16 or 1.17 to Deposit Account No. 08-0750. A duplicate copy of this sheet is enclosed. |

| | | | |
|---|----------------------------------|------------------------------------|--------------------|
| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | | |
| Firm or Individual name | Harness, Dickey & Pierce, P.L.C. | Attorney Name Gregory A. Stobbs | Reg. No. 28,764 |
| Signature | <i>Greg Stobbs</i> | | |
| Date | <i>Sept 16, 2003</i> | | |

| | | | |
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| Typed or printed name | Valeri L. Mangindin | | |
| Signature | <i>Valeri L. Mangindin</i> | Date | <i>Sept. 16, 2003</i> |

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HDP/SB/21 based on PTO/SB/21 (08-00)

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| Remarks | | The Commissioner is hereby authorized to charge any additional fees that may be required under 37 CFR 1.16 or 1.17 to Deposit Account No. 08-0750. A duplicate copy of this sheet is enclosed. |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | | |
|--|----------------------------------|------------------------------------|--------------------|
| Firm or Individual name | Harness, Dickey & Pierce, P.L.C. | Attorney Name Gregory A. Stobbs | Reg. No. 28,764 |
| Signature | <i>Greg Stobbs</i> | | |
| Date | <i>Sept 16, 2003</i> | | |

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| Typed or printed name | Valeri L. Mangindin | | |
| Signature | <i>Valeri L. Mangindin</i> | Date | <i>Sept. 16, 2003</i> |



PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No.: 10/646,541
Filing Date: August 21, 2003
Applicant: Bernard A. Galler, et al.
Group Art Unit:
Examiner:
Title: DIGITAL HEARING AID BATTERY CONSERVATION
METHOD AND APPARATUS
Attorney Docket: 5926-000003

Director of the United States Patent and Trademark Office
P.O. Box 1450
Alexandria, VA 22313-1450

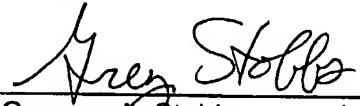
REQUEST FOR REFUND

Sir/Madam:

Upon review of our documents for the filing of the utility application in this matter, we note that we did not claim Small Entity Status. We enclose a copy of the Provisional Application for Patent Cover Sheet which shows that we claimed small entity status when filing the provisional application. Accordingly, we respectfully request that you refund the difference between the small and large entity fees (i.e., \$375.00) to our deposit account, 08-0750.

Respectfully submitted,

Dated: Sept 16, 2003



Gregory A. Stobbs
Reg. No. 28,764

Harness, Dickey & Pierce, PLC
P.O. Box 828
Bloomfield Hills, MI 48303
(248) 641-1600

Please type a plus sign (+) inside this box




PTO/SB/16 (10-01)
Approved for use through 10/31/2002. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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PROVISIONAL APPLICATION FOR PATENT COVER SHEET

This is a request for filing a PROVISIONAL APPLICATION FOR PATENT under 37 CFR 1.53 (c).

| | | | | | |
|--|--|----------------------------------|-----------|---|------------------|
| Express Mail Label No. EV 092040374 US | | | | | |
| INVENTOR(S) | | | | | |
| Given Name (first and middle [if any]) | | Family Name or Surname | | Residence (City and either State or Foreign Country) | |
| Bernard John | | Galler Saylor | | Ann Arbor, MI Ann Arbor, MI | |
| <input type="checkbox"/> Additional inventors are being named on the _____ separately numbered sheets attached hereto | | | | | |
| TITLE OF THE INVENTION (280 characters max) | | | | | |
| DIGITAL HEARING AID BATTERY CONSERVATION SYSTEM | | | | | |
| CORRESPONDENCE ADDRESS | | | | | |
| Direct all correspondence to: | | | | | |
| <input checked="" type="checkbox"/> Customer Number | | 27572 | |  | |
| OR Type Customer Number here | | | | | |
| <input type="checkbox"/> Firm or Individual Name | | Harness, Dickey & Pierce, P.L.C. | | | |
| Address | | P.O. Box 828 | | | |
| Address | | | | | |
| City | | Bloomfield Hills | State | MI | ZIP 48098 |
| Country | | USA | Telephone | 248-641-1600 | Fax 248-641-0270 |
| ENCLOSED APPLICATION PARTS (check all that apply) | | | | | |
| <input checked="" type="checkbox"/> Specification Number of Pages | | 8 | | <input type="checkbox"/> CD(s), Number | |
| <input checked="" type="checkbox"/> Drawing(s) Number of Sheets | | 2 | | <input type="checkbox"/> Other (specify) | |
| <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76 | | | | | |
| METHOD OF PAYMENT OF FILING FEES FOR THIS PROVISIONAL APPLICATION FOR PATENT (check one) | | | | | |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. | | | | | |
| <input checked="" type="checkbox"/> A check or money order is enclosed to cover the filing fees | | | | | |
| <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge filing fees or credit any overpayment to Deposit Account Number: 08-0750 | | | | | |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. | | | | | |
| FILING FEE AMOUNT (\$) 80 | | | | | |
| The invention was made by an agency of the United States Government or under a contract with an agency of the United States Government. | | | | | |
| <input checked="" type="checkbox"/> No. | | | | | |
| <input type="checkbox"/> Yes, the name of the U.S. Government agency and the Government contract number are: _____ | | | | | |

Respectfully submitted,

SIGNATURE

Gregory A. Stobbs

Date

August 21, 2002

REGISTRATION NO.

28,764

(if appropriate)

Docket Number:

5926-000003

TYPED or PRINTED NAME Gregory A. Stobbs

TELEPHONE (248) 641-1600

USE ONLY FOR FILING A PROVISIONAL APPLICATION FOR PATENT

This collection of information is required by 37 CFR 1.51. The information is used by the public to file (and by the PTO to process) a provisional application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 8 hours to complete, including gathering, preparing, and submitting the complete provisional application to the PTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Washington, D.C., 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Box Provisional Application, Assistant Commissioner for Patents, Washington, D.C. 20231.

EV092040374US